

STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 16 1952

BIRTH NO.		REG. DIST. NO. <u>3230</u>		PRIMARY REG. DIST. NO. <u>6100</u>		Registrar's No. <u>29</u>	
1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salt River Twp.</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Green- Rural-Salt River Twp. top, Mo.</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>R. R. #2, Greentop, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>Rural Route #2</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Nellie</u>		b. (Middle) <u>Florence</u>		c. (Last) <u>Talbert</u>	
4. DATE OF DEATH		(Month) <u>Sept.</u>		(Day) <u>8,</u>		(Year) <u>1952</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 4, 1892</u>	
9. AGE (In years last birthday) <u>59</u>		IF UNDER 1 YEAR Months <u></u> Days <u></u>		IF UNDER 1 YEAR Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Adair Co., Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph R. Morton</u>		13b. MOTHER'S MAIDEN NAME <u>Ina May Byrd</u>		14. NAME OF HUSBAND OR WIFE <u>Lawrence E. Talbert</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lawrence E. Talbert, Greentop, Mo.</u> ADDRESS <u></u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u></u>				INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sept 8, 1952</u> to <u>Sept 8, 1952</u> , that I last saw the deceased alive on <u>Sept 8, 1952</u> , and that death occurred at <u>7:30 Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Donald H. Graw D.O.</u> (Degree or title)				23b. ADDRESS <u>Greentop Mo</u>		23c. DATE SIGNED <u>Sept 9, 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/10/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fugate</u>		24d. LOCATION (City, town, or county) (State) <u>Schuyler Co. Mo</u>	
DATE REC'D BY LOCAL REG. <u>Sept 9-52</u>		REGISTRAR'S SIGNATURE <u>Paul M. Drake</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul M. Drake</u> ADDRESS <u>Kirksville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 5 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Richard H. Randall

Licensed Embalmer No. *4866*

P. O. Address *Jacksonville, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.